

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

APPLICANT(S)

10533533

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		3		/		/
5		3		/		/
6		1		/		/
7		1		/		/
8		1		/		/
9		1		/		/
10		1		/		/
11		1		/		/
12		1		/		/
13		1		/		/
14		1		/		/
15		1		/		/
16		1		/		/
17		1		/		/
18		1		/		/
19		1		/		/
20		1		/		/
21		1		/		/
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23		1		/		/
24		1		/		/
25		1		/		/
26		1		/		/
27		1		/		/
28		1		/		/
29		1		/		/
30		1		/		/
31		1		/		/
32		1		/		/
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48						
49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	37	↔	31	↔	31	↔
TOTAL CLAIMS	38	[REDACTED]	32	[REDACTED]	32	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]